DEFERMENT, POSTPONEMENT, OR CANCELLATION FORM

Michigan State University Loans Receivable Hannah Administration Building 426 Auditorium Road, Room 360 (LR) East Lansing, MI 48824-2602

PH: 517-355-5140 FAX: 517-353-9640 www.ctlr.msu.edu/Receivables

INSTRUCTIONS FOR DEFERMENT, POSTPONEMENT, OR CANCELLATION

We recommend that you read your promissory note carefully in order to become familiar with a number of features, duties, and more specifically, what is and what is not available relating to the deferment or a cancellation before completing this form.

Fill out the information specified in Part 1 and check the condition that applies to your deferment/cancellation.

Have the form certified by the authorized official:

- a) If you are enrolled as a student, have Part 2 certified by the Registrar of your school of attendance.
- b) If you are in a medical internship or residency program, have Part 2 certified by the Director/Administrator of the program.
- c) If you are a teacher, have Part 2 certified by your school principal or district official.
- d) If you are in the Peace Corps, send the form to Division of Volunteer Support, Peace Corps, Washington DC 20526.
- e) If you are a volunteer under the Domestic Volunteer Service Act of 1973 (ACTION programs), send the form to Division of Field Operations, Washington DC 20506.
- f) Part 2- Must be Certified by Employer if this is for a Postponement or Cancellation.

PART 1 - TO BE COMPLETED BY BORROWER			
		PID	
Address (City, State, Zip Code)		Phone No.	
		Cell No.	
me as a - I listed in the fied service ce, foreign le en as indicat riding health or private no sk children v as officer for a full-time st a uniformed	under the Head Start Progranguages, bilingual educatited in the promissory note care services on profit child or family service an eligible local, state, or father period that I am undent (Perkins, NSL, HP Lots service of the United State Domestic Volunteer Service	school where employed am ion (Please attach a description of exac ice agency who is providing or supe ommunities and the families of such ederal agency ans) or at least half-time student (Possice Act of 1973 (ACTION programs)	ervising the n children
□ I am eligible for □ deferment or □ cancellation type PLEASE COMPLETE ALL OF THE FOLLOWING THAT APPLY:		not listed above.	
		Ending Data	
•			
riod			
the YEAR of	service, I will immediately	begin repayment of my loan, includ	ing
		ill notify Michigan State University,	
Signature of Borrower Date Signed			
BY CER	TIFYING OFFICIAL		
STITLITION/	EMDLOVED: Loortify that t	ho information stated above is true	and correct
31110110N/I	•		Official Seal or Stamp
Address (City, State, Zip Code)			
OPEID	Date Signed		→
	IG: me as a - il listed in the fied service ce, foreign la en as indicat viding health or private no sk children v as officer for oayment for to a full-time st a uniformed s or under th al training, in ancellation WING THAT ar or Next ye US YEAR) eriod tes only) the YEAR of e and correct upon any cha	IG: me as a - il listed in the federal register. Name of fied service under the Head Start Progr ice, foreign languages, bilingual educate en as indicated in the promissory note riding health care services or private nonprofit child or family serv sk children who are from low-income c is officer for an eligible local, state, or foreign state, or under the Domestic Volunteer Service at training, including medical internship state in the property state of the United State is or under the Domestic Volunteer Service at training, including medical internship state in the property starting Date WING THAT APPLY: ar or Next year) Starting Date US YEAR) Starting Date Starting Dat	Pione No. Cell No. IG: me as a - Il listed in the federal register. Name of school where employed filed service under the Head Start Program ce, foreign languages, bilingual education en as indicated in the promissory note (Please attach a description of exactiding health care services or private nonprofit child or family service agency who is providing or supe sk children who are from low-income communities and the families of such is officer for an eligible local, state, or federal agency bayment for the period that I am - a full-time student (Perkins, NSL, HP Loans) or at least half-time student (Private a uniformed service of the United States is or under the Domestic Volunteer Service Act of 1973 (ACTION programs) al training, including medical internship and residency sincellation type

RETURN TO: Michigan State University, Loans Receivable, Hannah Administration Bldg. 426 Auditorium Rd Rm 360 (LR), East Lansing, MI 48824-2602 PH: 517-355-5140 FAX: 517-353-9640 WWW.ctlr.msu.edu/Receivables